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| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET |          |        |                          |        |                           | Application Number<br><i>10/718051</i>            | Filing Date |
|---|----------|--------|--------------------------|--------|---------------------------|---|-------------|
|   |          |        |                          |        |                           | Applicant(s)                                      |             |
| <i>7-29-5</i>                                     |          |        |                          |        |                           | * May be used for additional claims or amendments |             |
| CLAIMS  | AS FILED |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |   |             |
|   | Indep    | Depend | Indep                    | Depend | Indep                     | Depend  |             |
| 1   |          |        |                          |        |                           |   |             |
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| 50  |          |        |                          |        |                           |   |             |
| Total<br>Indep                                    |          |        |                          |        | 1                         |   |             |
| Total<br>Depend                                   |          |        |                          |        | 7                         |   |             |
| Total<br>Claims                                   |          |        |                          |        | 8                         |   |             |
| Total<br>Indep                                    |          |        |                          |        |                           |   | 6           |
| Total<br>Depend                                   |          |        |                          |        |                           |   | 52          |
| Total<br>Claims                                   |          |        |                          |        |                           |   | 58          |

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